

Communiversity

Family Stabilization Research for Informed Program Implementation and Public Policy Evaluation

Prepared in partnership with
Project for Pride in Living

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University of Minnesota
July, 2008

CMV Report 009

July 2008

CMV is coordinated and funded by the Center for Urban and Regional Affairs at the University of Minnesota.

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This project was supported by Communiversity, a program of the University of Minnesota's Center for Urban and Regional Affairs (CURA). The contents of this report are the sole responsibility of the author, and are not necessarily endorsed by the University of Minnesota, CURA, or Communiversity.

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Executive Summary

The objective of this research was to better understand the programmatic needs of a newly defined Minnesota Family Investment Program (MFIP) population being served through the Family Stabilization Services (FSS) program, those with diagnosed disabilities impeding their ability to work (See Appendix B for program statute details). In partnership with Project for Pride in Living (PPL) research was conducted to provide current data and findings that will enhance understanding of the root causes of destabilizing issues facing these families and the resulting challenges. With a better understanding of individual barriers along with personal goals, the FSS program can be tailored to provide appropriate resources and set realistic objectives.

One-on-one research interviews were conducted with thirty FSS participants as they became oriented with the new program. They were asked a range of questions to better understand their challenges, goals, and recommendations in terms of program services. Findings were consistent with national research in terms of the prevalence of disabilities, the negative relationship between mental health disabilities and employment, the detriment of multiple barriers, and the correlation between the long-term Temporary Assistance for Needy Families (TANF) population and Supplemental Security Income (SSI) eligibility.

Interviewees were diagnosed with a range of disabilities, most of which involved mental health conditions. In particular, severe depression and Post Traumatic Stress Disorder were common and debilitating. Further assessment will be necessary in order to determine appropriate treatment plans and those eligible for SSI benefits. The average interviewee faced three to four barriers to employment, the most common being poor health. Both the severity and sheer number of barriers make traditional work requirements unattainable. Rather, participants articulated the importance of step-by-step programming focused on meeting their most basic needs first. Interviewees described their experiences with the FSS program as much more positive than prior experience with the MFIP program. They felt that they were being given more individual attention and were thus able to have more trusting and open relationships with counselors. Despite barriers, the majority of participants wanted to work, but viewed employment as a long-term goal that would need to be approached gradually after first overcoming various obstacles.

In order to better meet the needs of this population, the FSS program's flexible design is critical; allowing for flexible and realistic work expectations, the ability to formerly address barriers as a countable activities towards participation, and to regularly assess and reassess participants for their readiness to work. In addition, interviewees stressed the importance of a positive atmosphere where counselors are on their level, allowing participants to feel comfortable and free of judgment. Interviewees also appreciated the FSS program's opportunities to come together with other participants in order to support one another and be less isolated. Finally, the majority would like to see more resources for improved parenting and for their children in general. Overall, participants felt that the program was already meeting their needs and rated it favorably. This new model is clearly a powerful new resource for people who more than anything need individual support from professionals attentive to their health and personal goals.

Background and Objectives

This research project was conducted in partnership with Project for Pride in Living (PPL). PPL is a nonprofit organization dedicated to helping lower-income families develop the tools they need to achieve self-sufficiency. PPL is widely recognized as a local pioneer in providing a range of integrated services for low-income individuals and families, directly serving more than 10,000 men, women and children in the Twin Cities in three areas: housing and development, employment and job training, and human services.

The focus of this research was the Family Stabilization Services (FSS) program within Connections to Work, a Human Services program at PPL. FSS is a new program for Minnesota TANF clients, dedicated to serving those not making significant progress within the Minnesota Family Investment Program (MFIP) due to a variety of barriers to employment. The goal of the services is to stabilize and improve the lives of families at risk of long-term welfare dependency or family instability due to employment barriers such as physical disabilities, mental disabilities, age, or providing care for a disabled household member.

Due to PPL's success in serving MFIP clients and leadership in providing thoughtful programming to low-income families, they were given a great amount of discretion in shaping the FSS program to meet the needs of a population typically not well understood, and too often, overlooked due to a low probability of traditional self-reliance. As a result, PPL requested research to provide the following:

- Current data and national findings that will enhance their understanding of the root causes of destabilizing issues.
- Barriers facing families and the resulting challenges.
- Resources requested by participants.
- Appropriate program objectives informed by participant goals.

As the FSS program began in February of 2008, research interviews were conducted after clients were fully oriented into the program and had met one-on-one with a counselor at least once. Interview questions were determined in advance with the guidance of program staff and management (see Appendix A for a complete list of questions and summary of responses). Questions focused on gaining a broader understanding of the overarching characteristics of this population: both their background in terms of past experiences, current barriers as well as their perspectives on future goals including their definition of progress, key motivational factors, and specific services that they believe will be critical to success. Interviews consisted of a combination of open-ended questions and closed questions such as rankings or statement selection. Interviews lasted an average of 30-45 minutes and were conducted on-site at PPL but in a private area away from the program space and counselors.

Thirty participants were interviewed in total, which is approximately one-third of the current caseload in the FSS program. Interviewee demographics are summarized in the next section. Findings will be used to enrich PPL program services and will be shared with Hennepin County Human Services staff partnering to implement the FSS program. Through the FSS program,

Minnesota hopes to serve as a national model in meeting the needs of this “hard-to-serve” population.

Project Participants

The 30 FSS participants were interviewed on a first-come, first-served basis. Although they were not randomly selected, the process by which participants were transferred to the PPL program allowed for some natural randomization. All clients, when fully oriented, were asked to voluntarily participate. No participants declined to do so, although a small percentage were unable to attend their scheduled interviews due to personal circumstances. All possible accommodations were made including childcare, translation, and phone interviews when necessary. Participants received a \$15 gift card for their time.

Those interviewed consisted of the following demographic characteristics:

Gender:

90% Female
10% Male

Ethnicity:

57% African American
17% White
13% Native American
10% African
3% Asian

Age:

40% 41 or older
13% 31-40
47% 21-30

Origins:

Born in U.S. – 87%

Educational Attainment:

53% Did not complete HS/ GED – 16
30% HS Diploma/ GED – 9
17% Some college – 5

Family characteristics:

Average number children in custody = 2
Average age of youngest child = 5
43% had at least 1 child below the age of 3

National Research

A significant percentage of TANF recipients that were unsuccessful in obtaining employment are simply leaving welfare without addressing barriers to work. One illustration of this may be the decreasing proportion of families eligible for TANF who are receiving aid. In 1995, 84% of eligible families were receiving aid but by 2002 that dropped to 48% (Center on Budget and Policy Priorities, 2006). In fact, rates of caseload reduction might be only 50% successful in terms of moving individuals from welfare to work as research indicates that more disadvantaged women have left welfare at about the same rate as more work-ready women (Blank, 2007). Those with more substantial barriers, such as mental health problems, physical health problems, low educational attainment and substance abuse issues, are moving off of welfare but not into work. The result is that after disadvantaged participants reach their time limit or fail to meet requirements, they drop off the rolls into a situation where they are “chronically disconnected” from welfare, work and likely any other form of programming to address barriers to self-sufficiency (Blank, 2007).

Those remaining on TANF caseloads include at least three groups: one group, both short and long-term, that works relatively steadily but needs supplemental income support; a second group that is short-term and nonworking due to an economic disruption; and a third group of longer-term recipients that are not working (Blank, 2007). It is the third group that must be assessed for barriers to employment, given the likelihood that failing to meet work requirements and reaching the time limit will eventually feed into the pool of the “chronically disconnected” population. As of 2007, these long-term recipients made up 40-45% of the remaining caseload (Blank, 2007). Similar to those chronically disconnected, research suggests that this group is facing significant barriers to employment, often correlated to mental health disabilities, physical health disabilities, a lack of education, and substance abuse (Blank, 2007). When two or more of the significant barriers to employment are combined, the probability of a TANF recipient losing assistance increases dramatically. Furthermore, obtaining and sustaining employment with multiple barriers is nearly an unachievable undertaking.

Although studies measuring the number of disabled TANF recipients vary, the Survey of Income and Program Participation (SIPP) may be the most comprehensive. A 1996 SIPP panel estimated that 35% of single mothers receiving welfare have a disability and 20% have a child with a disability (Nadel, 2003). In an examination of the Wisconsin Works program, 178 women were interviewed repeatedly between 1997 and 2000 and demonstrated significant barriers to work (Schleiter, Statham & Reinders, 2005). Mental health disabilities were more common than physical disabilities, and among those reported, depression and post-traumatic stress seem to be the most debilitating (Schleiter, Statham & Reinders, 2005). Of the 178 women surveyed, 45% had a serious disability or health problem affecting their daily lives. One fourth of those with a disability had to leave a job at some time because of their disabilities. Those with a major disability or health problem were twice as likely as other low-income women to be unemployed. This is not unlike national findings, where high levels of depressive symptoms have been documented (Danziger, 2002). In addition, many welfare mothers experience traumas such as rape, domestic violence, and sexual molestation that put them at high risk for post-traumatic stress disorder (PTSD) (Danziger, 2002). According to a New Jersey welfare-to-work program, 22% reported having been raped; 55% having experienced domestic abuse; and 20% having been sexually molested as a child (Danziger, 2002).

The negative relationship between mental health and job retention is commonly cited in research across the nation. Typical behaviors associated with mental illness such as loss of concentration, irritability, fatigue, and anxiety can present difficulties in a work environment

(Montoya, 2002). In addition, side effects of medications may also negatively impact productivity in the workplace. As a result, mental health problems have been associated with difficulty in work-related activities, such as job searching and completing education as well as decreased wages and job retention (Montoya, 2002). However, research indicates that most people with mental disorders can be helped (Butterworth, 2003). The problem is often encouraging people to seek treatment. Less than one-third of those with mental disorders seek assistance, which is only perpetuated by a welfare system that enforces participation in activities exclusively associated with work as opposed to improving health (Butterworth, 2003). There is reason to believe that further assessment and treatment would lead to positive outcomes including increased employability for long-term TANF participants.

In addition to mental health issues which at least in some cases are able to be treated, the prevalence of more permanent learning disabilities and physical conditions must be considered as they are strongly correlated to the chronically disconnected or those that may neither work nor receive welfare benefits. Of those deemed chronically disconnected, about 27% have been diagnosed with a learning disability, making educational attainment and skilled work incredibly difficult (Turner, 2006). According to the Women's Employment Survey, 18.7% reported having a physical health problem limiting the ability to work (Nadel, 2003). In either case, the fact that a significant portion of welfare recipients face chronic conditions that make employment difficult suggests that work may not always be a feasible outcome. Either work requirements must be adjusted or more appropriate programs such as Supplemental Security Income (SSI) should be considered. In fact, there is already significant overlap between TANF and SSI, with one out of every six TANF families including a SSI recipient (Nadel, 2003). It is possible that families that are eligible for full SSI benefits are choosing welfare programs due to the more immediate access and less complex eligibility requirements.

The number of barriers that a person possesses is strongly and negatively associated with employment status. Those chronically disconnected had more barriers to work than other respondents, with over three barriers on average (Turner, 2006). According to a 2002 Population Studies Center research project in Michigan, a random sample of 753 single mothers receiving welfare were surveyed to determine the connection between multiple barriers and employability (Danziger, 2002). A number of barriers were tracked including:

- 1) Less than a high school education or G.E.D.
- 2) Little work experience
- 3) Previously used fewer than 4 of 9 job skills
- 4) Had 4 or more prior perceived experiences of job discrimination
- 5) Lack of access to a car and/or license
- 6) Recent major depressive disorder
- 7) Drug dependence
- 8) Poor health
- 9) Had a child with health, learning or emotional problems.

Employment status was then set as a function of the number of barriers established along with a series of demographic controls. Multiple barriers were common, with 37% having 2-3 barriers, 24% having 4-6 barriers and 3% having 7 or more barriers (Danziger, 2002). The greater the number of barriers, the less likely the person is to work. A person has a three in five chance of working with 2-3 barriers, a two in five chance with 4-6 barriers, and only a one in twenty chance of working with 7 or more barriers to work (Danziger, 2002). Nationally, for those on welfare long-term and without employment, 57% had multiple barriers to work (Blank, 2007). Therefore, to increase employment among those with severe barriers, it must be taken into account that these issues often occur in relation to one another leading to compounded difficulty in securing work until addressed. As a

result, the FSS program's focus on reducing barriers in addition to obtaining work demonstrates promise for greater success in the long run.

FSS Interview Findings

There is a great deal of consistency between national research and the findings of FSS participant interviews. Given that participants must have a diagnosed disability posing a barrier to work in order to be eligible for this new program, the population being served fits the third group mentioned in national research— those at risk of long-term dependency on TANF and eventual chronic disconnection from both work and welfare. That implies that if consistent with national findings, as many as 40-45% of current MFIP participants are in need of FSS services. At present, out of the 22,000 active MFIP cases about 5,500 have already been coded as potentially eligible for FSS services (Department of Human Services). That current rate of 25% is bound to grow considering that the program is not even four months old. As counselors learn more about FSS requirements and are able to get participants formally assessed, it is probable that Minnesota will see a rate much closer to if not greater than national research suggests. This will require an expansion of the FSS program to include service providers beyond PPL and Hennepin County.

Of the FSS participants interviewed, 73% said that their health condition or disability made work difficult or impossible. Of that group, 53% self-reported a mental health problem, 30% reported a physical health problem, and 20% mentioned both. In addition, 17% had a child with either a mental or physical health condition that they considered a major barrier to working. According to case documentation, 47% of those interviewed have been diagnosed with severe depression, 17% with PTSD, 13% with schizophrenia, 10% with anxiety and 20 % with other forms of mental health conditions. Similar to barriers noted nationally, those with mental health issues cited difficulty working due most commonly to a lack of focus and motivation. One participant explained, “I have a learning disability and severe depression. This impacts my ability to work because I can’t focus.” Another participant said, “It is hard to be around people that I don't know. It is hard to be motivated.” However, as mentioned earlier, treatment has proven to be an effective tool in addressing these barriers. The challenge is getting people assessed and into treatment programs as needed. Since mass transfers began in February 2008 through the end of April 2008, 25% of PPL’s FSS caseload had been assessed or reassessed. Although participants were referred based on medical forms, the majority have and will continue to need more thorough evaluation in order to determine appropriate treatment. Of those interviewed, 63% are currently in treatment; 57% for mental health and 10% for chemical dependency. Of those not in presently in treatment, 55% expressed that they believe treatment would be beneficial and mentioned not having staff support until now and being fearful as their main obstacles to seeking treatment until now.

In addition to the importance of assessments needed to establish appropriate treatment plans, thorough assessment is also critical in determining eligibility for SSI benefits. When asked if participants thought they should receive SSI or Social Security Disability benefits, 80% of interviewees said yes. For those that said yes, the majority had an application pending, appeal in process, or were working on getting documentation. This implies that indeed people currently in the TANF population are choosing to get assistance through this temporary program as opposed to the less accessible SSI program which they feel would be more appropriate. Thus, assessments will be an important element of the FSS program both in order to better serve participants in need of

treatment and also in order to determine cases where people are not likely to succeed in finding and maintaining work due to more severe and permanent conditions.

As mentioned in national research, the number of barriers that a person has is strongly and negatively associated with employment status. Similar to the Michigan study mentioned in national research, FSS interviewees were asked to identify barriers that they felt would interfere with their goals including: poor health, not being qualified for a decent job, lack of childcare, lack of transportation, lack of education, lack of affordable housing, criminal background, poor health of a family member, living in an unsafe situation, and chemical dependency. An average response was 3-4 barriers with 57% having at least 3 barriers. Not only was health the most common barrier at 56%, it was also the most common response to the question about which barrier was of the largest concern. Thus, the sheer number of barriers faced by FSS clients must be taken into consideration when determining realistic goals.

As a result of both the number of barriers identified and the severity of particular mental health conditions, it is not surprising that FSS interviewees highlighted the importance of step-by-step programming where goals are both attainable and at a pace appropriate for each individual. As one participant explains, “This program has been helpful in starting with first priorities first <SIC>—otherwise it would’ve been overwhelming.” Another client states, “This program gives me the chance to be more honest and real without being ashamed. It makes me feel like my goals are more attainable if I can focus on one step at a time.” For many, that first step is to address health concerns as opposed to more traditional work-readiness. One person explains, “It’s not just about meeting requirements, but about what I actually need.” This new ability to focus on individual priorities and needs, rather than strict, job-focused guidelines, has also led to more fulfilling relationships with counselors. When interviewees were asked to choose a statement that described their experiences with each program, they most commonly described their experience with MFIP as “I did not like coming, it’s just something that I had to do” or “I had not strong feelings about coming one way or another.” When given the same options to describe their experience so far with the FSS program, interviewees most commonly chose “I like coming and usually find it helpful” or “I love coming and always find it helpful.” When asked to explain what benefits they saw in the new program, the most common responses had to do with the program being more supportive, allowing for people to focus on one thing at a time, and people being treated as individuals. One participant said, “I am being listened to now. I am able to be more realistic and honest—both with myself and my counselor.” This was also mentioned when interviewees were asked what the two most important things would be in order for them to trust their counselor. The top two responses were “I need to feel like I’m being listened to when I talk” and “I need to feel like I won’t be judged.” Therefore, the FSS program is both more beneficial in terms of addressing prevalent, debilitating barriers to self-sufficiency and in creating more open and trusting relationships with counselors. This will likely have the added benefit of improved rates of disclosure on other sensitive issues such as domestic abuse.

Despite the significant barriers faced by FSS clients, it is important to recognize that most participants do want to work and live independently. When asked to define success for themselves personally, the most common response at 43% was to find a good job. Some answers included: “Working towards success – going to school and work”; “To get a fulltime job and to be a successful

parent for my children”; and “Being self-sufficient. Paying my bills on my own and working. I really want to work despite my mental health problems.” However, this does not mean that clients felt that work would be any easy goal to achieve. Only 57% said that work would be possible right now without negatively affecting their health and the health of family members. Of that group, about half thought that they could work full-time and the other half thought that they should only work part-time. As a result, FSS counselors will need to work with clients based on assessments to determine realistic goals if and when work becomes possible.

One thing lacking in national research is what services are effective for addressing the needs of this population. According to one analysis conducted in 2007, as previously mentioned the program should be adjusted to allow for flexible and realistic work expectations, the ability to address barriers as countable activities towards participation, and to regularly assess and reassess participants for their readiness to return to work or increase work hours (Blank, 2007). In addition, interviewees stressed the importance of the atmosphere within programs. Interview participants were overwhelmingly satisfied with the atmosphere at PPL, both in terms of the physical space and the staff demeanor. They described the atmosphere as a blend of clean and professional but also friendly and welcoming. This was important in making people feel comfortable, particularly for those with severe mental health issues. As one interviewee explains, “My mental health condition makes it difficult to even be out of my house, but I can come to PPL because it just feels warm. The lighting helps. People are always smiling and create a good vibe.” Another important element to the atmosphere was for staff to be “real” and meet participants on their level. Even the interaction between staff was mentioned as more natural and “real” as opposed to being overly professional or rigid. While 97% had only positive things to say about PPL’s atmosphere, 83% had a negative response when asked about the atmosphere at other employment service agencies. The most common responses cited lack of cleanliness, long waits to get help, and counselors being too busy to give them enough attention. One participant explained that she was “treated like a number”. Given the mental health conditions common within this population, the importance of creating a comfortable, welcoming, and attentive program atmosphere cannot be emphasized enough. The largest benefit to creating a positive atmosphere may simply be that clients are more likely to attend meetings with counselors, something that is often a challenge with this population.

Finally, when asked what recommendations they had for creating a program that would serve them better, several interviewees mentioned their appreciation for the workshops offered by the FSS program because they allowed for interaction and support between participants. One person said, “I would like more opportunities to be involved—especially as a group because it is always easier to help others than myself.” Another participant enjoyed the workshops as a means of overcoming the isolation she often felt. In addition, interviewees had a strong desire to be better parents and asked for more resources for parenting and their children in general. Overall, participants felt that the program was already meeting their needs and rated the program favorably with 50% saying it was excellent and 33% saying it was very good. This new model is clearly a powerful new resource for people who more than anything need individual support from professionals attentive to their health and personal goals. By creating a more flexible, realistic program for those facing significant barriers, people will be given the resources needed to work towards stabilization instead of slipping through the safety net into chronic disconnection.

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Appendix A: FSS Interview Questions and Summarized Responses

How do you feel about the atmosphere when you come to PPL:

29/30 (97%) had a positive response about the atmosphere. (1 person felt uncomfortable)

The most common responses were comfortable and friendly.

Cozy, homey, warm and clean were also common.

- “Friendly but casual - doesn’t make you feel nervous.”
- “Professional but homey.”
- “People are attentive to how they can help - even receptionist.”
- “Not run down like most places.”
- “My mental health condition makes it difficult to even be out of my house, but I can come to PPL because it just feels warm. The lighting helps. People are always smiling and create a good vibe.”

If you came from another agency, describe how it was different:

3/30 (10%) had no experience with other agencies.

25/30 (83%) had a negative response about prior experiences with other agencies in comparison to PPL.

The remaining 7% felt there was no significant difference.

The most common response had to do with long waits to get help/ counselors being too busy at other agencies.

- “Just do what they say. They didn't care about your situation.”
- “Never had hardly any contact with counselors.”
- “Gave the run around- having to jump through hoops but there was still always an issue.”
- “Treated like all clients were the same.” “Treated like a number.”
- “Just focused on doing paperwork.”
- “Dirty carpeting. People not as nice.”

What does your job counselor need to do in order for you to trust them?

Most common answers were being straightforward and being on the same level.

- “Be honest.”
- “Be in tune with my personality - treated as a unique person, not like someone else.”
- “Need to explain expectations and requirements so they are easy to understand.”
- “Listen to what I have to say.”
- “Being on the same level, not trying to be too professional.”
- “Be friendly but don't hold anything back - be straight forward.”
- “Follow through with what you say you're going to do.”

Select the top two most important things in order for you to trust your counselor:

Most common answers were:

- I need to feel like I’m being listened to when I talk. (60%)
- I need to feel like I won’t be judged. (40%)
- I need to be treated fairly if I make a mistake. (33%)

Other choices in order of selection were:

- I need my counselor to take the time to get to know me on a personal level. (27%)
- I need to know that personal things that I say will be kept confidential. (23%)
- I need time to get to know my counselor. (13%)

Rate your experience with CTW:

Poor – 0%

Fair – 6% (2 responses)

Good - 10% (3 responses)

Very good – 33% (10 responses)

Excellent – 50% (15 responses)

Please explain why you chose the rating that you did:

Fair: “Hasn’t been that good but getting better. / Never helped to find a job, but gave other resources.”

Good: “Haven’t been here that long, but good enough to keep coming back.”

Very Good: “Know staff well, don’t judge, listen, friendly, seem like they care, get to know individual situation and understand & help.”

Excellent: “Blessed to have PPL - really good to me. I can always come in. They are there 110% doing things didn't have to do.” “I am making steps towards my goals when I'm coming here, not just filling out paperwork.” “People are passionate about the job.” “Because of the way I've been treated. Never been to any other place where I was helped so much.” “They take action to meet my needs, already have made several calls for me, only program that has offered so many resources, really helpful with family and me.”

Please describe the atmosphere at Connections to Work (FSS program):

Overall very positive: Good, comfortable, helpful, not judgmental, good communication (they listen), informative, sensitive, supportive, team work.

- “I feel respected. I always feel better when I'm leaving because PPL is really here to help.”
- “I like the workshops - it is nice to be with a group of people that I can relate to. It doesn't make me feel so bad about myself.”
- “Positive energy, not hopeless. People meet me where I am and take me seriously.”

One negative response: time consuming.

Suggestions for ways to make you feel more comfortable:

Most people had no suggestions and felt very comfortable:

“You already do everything”; “You make it easy”; “I am really comfortable now.”

Only suggestions were:

- “Return and answer phone calls as much as possible – phone tag is expensive, don’t make people run around too much.”
- “People have a lot going on, listen to people more and act like you care and want to help.”
- “Keeping clients informed about changes with case.”
- “Staff should just be themselves.”

Does anyone in your family (including yourself) have a health problem or disability that makes working difficult? 73% said yes and 27% said no.

Of yes’s – more self-reported mental (16/30) than physical (9/30) reasons & 6 with both. 3/30 adults and children had problems; 3 children with mental health problems and 2 children with physical health problems.

Would you say that you have a support network or people that can support you in difficult situations?

77% said yes and 23% said no.

Of yes’s, evenly split between family, friends and social workers.

Of no's, was a result of both not trusting people in their lives and not having anyone in their lives.

How do you define success for you personally?

43% mentioned finding a good job.

30% mentioned being a good parent.

20% mentioned financial self-sufficiency.

17% mentioned being to follow-through or finish what they start.

17% mentioned owning a home

10% mentioned education

6% mentioned marriage

3% mentioned owning a car, health or weren't sure

- A common thread was a strong desire to be independent - working, etc.
- "Working towards success - going to school and work."
- "To get a fulltime job and to be a successful parent for children."
- "If I get healthy and can find a job."
- "Being self-sufficient. Paying my bills on my own and working. I really want to work (despite MH problems)."

What describes how you feel about your future?

47% – I am determined to achieve my goals for a better future.

20%– I hope I can achieve my goals for a better future.

13% – I feel like there are too many things in my way to have hope for achieving my goals.

13% – I am not sure what to think about my future.

7% – I do not feel like I can control what will happen to me in the future.

Share a little bit about your future goals:

43% specifically mentioned work.

40% specifically mentioned further education.

30% mentioned being good parents.

23% mentioned finding stable housing.

13% mentioned becoming healthier mentally.

13% mentioned getting financially stable.

Other answers mentioned by 3 people each were – Taking care of health generally, getting a license or car, and not being sure about future goals.

- Similar thread regarding independence as Q above: define success for you personally.

What is the most important thing you'd like CTW's support with?

20% Job searching

20% School

17% Housing

13% Health & treatment

- 1-3 answered (in order of frequency): finances, motivation, my child, SSI, or not sure.

Choose one or two things that you most want CTW's help in achieving:

63%- Financial stability

50%-Independence

30%-Health

13%-Safety

- 1 response for other: making goals

Are you making progress towards your goals? If not, what is stopping you?

73% said yes.

23% said no.

- 1 person said maybe – they are trying.
- Most common barriers were health and not being able to focus on goals.

Which of the following might interfere with your goals: (# of responses)

56%-My health

43%-Not being qualified for a decent job

40%-Childcare

40%-Transportation

37%-Education (lack of)

33%-Housing

27%-Criminal background

30%-Health of my family member

13%-Living in an unsafe family situation

10%-Chemical dependency

- An average response was 3-4 barriers; 57% had at least 3 barriers.
- Not only was health the most common, but it was the most common response to the Q: which barrier is the biggest concern for you?

Have you or your family members ever had a mental health or chemical dependency assessment or been treated for either issue in the past?

83% said yes; 73% for mental health, 20% for chemical dependency and 20% for both

- How long ago first assessed varied between last week and over 30 years ago.
- 2/30 had a child that has been assessed for mental health and 2/30 had both themselves and a child assessed
- 63% were currently in treatment (57% for mental health) (10% for chemical dependency)
- All said they were getting enough support from CTW in finding a good program/ doctors
- For those not currently seeking treatment, 5/9 want to and barriers included not having staff support until now and being scared.

Do you believe work would be possible for you right now given your health and the health of your family?

57% - yes (about half said part-time and half said full-time)

43%- no

Do you think you should receive SSI or Social Security Disability benefits?

80%- yes

20%- no

- For those that said yes, all but 4 had an application/appeal in process or were working on getting documentation. 3 people didn't know about it and 1 person said it was too much work.

What other resources would be helpful to have from CTW?

Top answer was did not need anything else, but other responses were information on buying a house, help getting a job, having someone to talk to, emergency assistance, help getting a car, YWCA, getting linked to a good counselor, transportation, job interview training, help with SSI application, transitional housing, and a GED program.

Do you understand the difference between the MFIP program and the new FSS program?

50% said no, 43% said yes, and for 7% it wasn't applicable b/c they are not FSS participants

Which of the following statements best describes how you felt about working with your job counselor under the old MFIP program?

1. 23% - I hated coming and felt like it was a waste of my time.
2. 37% - I did not like coming, it's just something I had to do.
3. 7% - I had no strong feelings about coming one way or another.
4. 23% - I liked coming and usually found it helpful.
5. 10% - I loved coming and always found it helpful.

Why did you choose the statement you did?

- "Felt like no support with looking for a job. Had to prove everything. How do you win?"
 - "Knew what they were going to tell me and it wasn't what I needed. "
 - "Not sure what it was even about. Just jumping through hoops. The program wasn't serious about helping and didn't recognize that people want to get out. Jumping through hoops makes people tired and not even care. "
 - "Waste of time because couldn't work anyway."
 - "Felt like when talked about situation counselor just talked about the rules. Wasn't being listened to, taken seriously, or given any validation. Counselors seemed too busy."
- The participants that were with PPL before FSS (18 people) averaged a 3, those new to PPL (10 people) averaged a 2, and those non-FSS (2 people) averaged a 4.5. So, those with PPL for the MFIP program raised the overall ratings.

Which of the following statements best describes how you feel about working with your job counselor under the new FSS program?

1. 0% - I hated coming and felt like it was a waste of my time.
 2. 0% - I did not like coming, it's just something I had to do.
 3. 10% - I had no strong feelings about coming one way or another.
 4. 54% - I liked coming and usually found it helpful.
 5. 36% - I loved coming and always found it helpful.
- Non FSS participants were not included.

Why did you choose the statement you did?

- "Staff are really trying to help me - giving me a lot of their time. Not being forceful."
- "The program has been helpful starting with first priorities first (otherwise would've been overwhelming) and starting to reach goals."
- "I had never had someone to push me until now. They push me to do what I need to do."

- “The program gives me more hope. Staff are encouraging and I have a more positive attitude and am making progress.”
 - “Not that much pressure, get to set own pace.”
 - “I leave here with answers. I am more able to be an individual and am being focused on for a change.”
 - “I am being listened to now. I am able to be more realistic and honest - both with myself and my counselor.”
- Of those without strong feelings, 2/3 hadn't been here long enough and 1 person just didn't care about the program in general.
 - The participants that were with PPL before FSS and those new to PPL averaged between statement 4 and 5.

MFIP v. FSS ratings:

MFIP: average between “did not like coming” - “no strong feelings”

FSS: averaged to “like coming” – “love coming”

What benefits, if any, do you see in working with FSS versus MFIP?

- “People are more motivated when they can have a say in creating plans.”
 - “Giving as much time as needed to do what I need to do. Focus is on me and what I need.”
 - “More family-oriented, MFIP didn't care about anything but putting people to work.”
 - “More geared towards individuals and what they need v. jumping through hoops.”
 - “It's a team effort: they will help me if I help myself.”
 - “Can set up realistic goals. Not overwhelming as far as requirements.”
 - “It's more helpful. They listen to what you're saying and realize that everyone is different.”
 - “Gives me the chance to be more honest and real without being ashamed. Makes me feel like my goals are more attainable if I can stay focused on one step at a time.”
 - “It's not just about meeting requirements, but about what I actually need.”
- Most common responses had to do with the program being more supportive, allowing for people to focus on one thing at a time, and people being treated as individuals.

Imagine that there was no possibility of sanction and for some reason you stopped following your plan. What would be the best thing that your job counselor could do to get you interested in following your plan again or to come in and make a new plan?

- Common answers were to call and write letters and just to be encouraging in general b/c if not coming in something must be wrong.
- Some wanted a more aggressive approach like making a home visit or calling family members.
- A few said if they weren't doing what they were supposed to, would support being cut-off of assistance.

Ignoring sanctions or other program rules, what is it that motivates you to work with your counselor?

- Common answers were because counselors are supportive and really care, for the program benefits, to make a better future for myself, and to get out of the house.
- “Knowing that someone is going to help me to achieve my goals.”
- “PPL being helpful, understanding situation.”
- “I want to change the way things are and to reach a better future.”
- “Staff are very helpful, listen, give input and are always ready to help.”
- “Just being determined to succeed to see the final result.”

- “Only outing I have, glad to be forced out of the house.”
- “People are really concerned, not just doing their job.”
- “If I have a problem, I will get help with resources.”
- “Because I can talk to my counselor about anything.”
- “To go further with goals. To be successful and overcome issues.”

How do you feel about the possibility of being sanctioned?

- Results were mixed between some people viewing it as necessary and others considering sanctions to be too often unfair because of uncontrollable situations.
- “People are quick to sanction without seeing what's going on - just send the notice. That gives people a lot of stress and then when able to connect with counselors they fix it but not without first scaring people.”
- “Sometimes it's not your fault. I was threatening sanction when could've just asked for what needed.”
- “Don't like it; messes with ability to pay rent, etc. and just causes me to slip into a depression.”
- “Sometimes it's fair because people have to be responsible like it's a job. Sometimes it's not fair, though, because some things we have no control over.”
- “The concept makes sense. Everyone has to live up to their part of the program.”
- “Okay. Keeps people doing what they have to do and not putting things off.”
- “They do work. When I have been sanctioned it was because of mental health or parenting issues. Helps to keep me on track - I always learn a lesson. “

Please share anything else that you think might be important for staff to know in creating a program that served you better.

- Most people said that the program was already great and couldn't be improved much.
- Other comments included:
- “Need better communication between employment staff and county.”
- “People can't really understand the situation if they haven't been through it themselves. It's hard to ask for help when think people will be judging you. Give out bus cards when really need them. Monthly cards would be best.”
- “Would be better if had a non-judgmental counselor and could work through things step-by-step. Need to be open as far as what resources are available without having to work so hard.”
- “Focus on families with one parent more and their reality.”
- “More opportunities to be involved - especially as a group because it is always easier to help others than myself.”
- “More programs or resources for children.”
- “Know that it's a sensitive situation.”
- “Check on why people are getting sanctioned because doesn't always make sense. TEAMS people are really bad, bad service.”
- “For working families, reducing cash according to income makes it just not enough and not worth it. People are working to increase their income, not to reduce their grant.”

Appendix B: Family Stabilization Services Statute

Sec. 37. [256J.575] FAMILY STABILIZATION SERVICES.

Subdivision 1. Purpose.

(a) The family stabilization services serve families who are not making significant progress within the Minnesota family investment program (MFIP) due to a variety of barriers to employment.

(b) The goal of the services is to stabilize and improve the lives of families at risk of long-term welfare dependency or family instability due to employment barriers such as physical disability, mental disability, age, or providing care for a disabled household member. These services promote and support families to achieve the greatest possible degree of self-sufficiency.

Subd. 2. Definitions. The terms used in this section have the meanings given them in paragraphs (a) to (d).

(a) "Case manager" means the county-designated staff person or employment services counselor.

(b) "Case management" means the services provided by or through the county agency or through the employment services agency to participating families, including assessment, information, referrals, and assistance in the preparation and implementation of a family stabilization plan under subdivision 5.

(c) "Family stabilization plan" means a plan developed by a case manager and the participant, which identifies the participant's most appropriate path to unsubsidized employment, family stability, and barrier reduction, taking into account the family's circumstances.

(d) "Family stabilization services" means programs, activities, and services in this section that provide participants and their family members with assistance regarding, but not limited to:

- (1) obtaining and retaining unsubsidized employment;
- (2) family stability;
- (3) economic stability; and
- (4) barrier reduction.

The goal of the services is to achieve the greatest degree of economic self-sufficiency and family well-being possible for the family under the circumstances.

Subd. 3. Eligibility.

(a) The following MFIP or diversionary work program (DWP) participants are eligible for the services under this section:

- (1) a participant who meets the requirements for or has been granted a hardship extension under section 256J.425, subdivision 2 or 3, except that it is not necessary for the participant to have reached or be approaching 60 months of eligibility for this section to apply;

(2) a participant who is applying for supplemental security income or Social Security disability insurance; and

(3) a participant who is a noncitizen who has been in the United States for 12 or fewer months.

(b) Families must meet all other eligibility requirements for MFIP established in this chapter. Families are eligible for financial assistance to the same extent as if they were participating in MFIP.

(c) A participant under paragraph (a), clause (3), must be provided with English as a second language opportunities and skills training for up to 12 months. After 12 months, the case manager and participant must determine whether the participant should continue with English as a second language classes or skills training, or both, and continue to receive family stabilization services.

Subd. 4. Universal participation. All caregivers must participate in family stabilization services as defined in subdivision 2.

Subd. 5. Case management; family stabilization plans; coordinated services.

(a) The county agency or employment services provider shall provide family stabilization services to families through a case management model. A case manager shall be assigned to each participating family within 30 days after the family is determined to be eligible for family stabilization services. The case manager, with the full involvement of the participant, shall recommend, and the county agency shall establish and modify as necessary, a family stabilization plan for each participating family. If a participant is already assigned to a county case manager or a county-designated case manager in social services, disability services, or housing services that case manager already assigned may be the case manager for purposes of these services.

(b) The family stabilization plan must include:

(1) each participant's plan for long-term self-sufficiency, including an employment goal where applicable;

(2) an assessment of each participant's strengths and barriers, and any special circumstances of the participant's family that impact, or are likely to impact, the participant's progress towards the goals in the plan; and

(3) an identification of the services, supports, education, training, and accommodations needed to reduce or overcome any barriers to enable the family to achieve self-sufficiency and to fulfill each caregiver's personal and family responsibilities.

(c) The case manager and the participant shall meet within 30 days of the family's referral to the case manager. The initial family stabilization plan must be completed within 30 days of the first meeting with the case manager. The case manager shall establish a schedule for periodic review of the family stabilization plan that includes personal contact with the participant at least once per month. In addition, the case manager shall review and, if necessary, modify the plan under the following circumstances:

(1) there is a lack of satisfactory progress in achieving the goals of the plan;

(2) the participant has lost unsubsidized or subsidized employment;

(3) a family member has failed or is unable to comply with a family stabilization plan requirement;

(4) services, supports, or other activities required by the plan are unavailable;

(5) changes to the plan are needed to promote the well-being of the children; or

(6) the participant and case manager determine that the plan is no longer appropriate for any other reason.

Subd. 6. Cooperation with services requirements.

(a) To be eligible, a participant shall comply with paragraphs (b) to (d).

(b) Participants shall engage in family stabilization plan services for the appropriate number of hours per week that the activities are scheduled and available, unless good cause exists for not doing so, as defined in section 256J.57, subdivision 1. The appropriate number of hours must be based on the participant's plan.

(c) The case manager shall review the participant's progress toward the goals in the family stabilization plan every six months to determine whether conditions have changed, including whether revisions to the plan are needed.

(d) A participant's requirement to comply with any or all family stabilization plan requirements under this subdivision is excused when the case management services, training and educational services, or family support services identified in the participant's family stabilization plan are unavailable for reasons beyond the control of the participant, including when money appropriated is not sufficient to provide the services.

Subd. 7. Sanctions.

(a) The financial assistance grant of a participating family is reduced according to section 256J.46, if a participating adult fails without good cause to comply or continue to comply with the family stabilization plan requirements in this subdivision, unless compliance has been excused under subdivision 6, paragraph (e).

(b) Given the purpose of the family stabilization services in this section and the nature of the underlying family circumstances that act as barriers to both employment and full compliance with program requirements, there must be a review by the county agency prior to imposing a sanction to determine whether the plan was appropriated to the needs of the participant and family, and that the participant in all ways had the ability to comply with the plan, as confirmed by a behavioral health or medical professional.

(c) Prior to the imposition of a sanction, the county agency or employment services provider shall review the participant's case to determine if the family stabilization plan is still appropriate and meet with the participant face-to-face. The participant may bring an advocate to the face-to-face meeting. During the face-to-face meeting, the county agency shall:

(1) determine whether the continued noncompliance can be explained and mitigated by providing a needed family stabilization service, as defined in subdivision 2, paragraph (d);

(2) determine whether the participant qualifies for a good cause exception under section 256J.57, or if the sanction is for noncooperation with child support requirements, determine if the participant qualifies for a good cause exemption under section 256.741, subdivision 10;

(3) determine whether activities in the family stabilization plan are appropriate based on the family's circumstances;

- (4) explain the consequences of continuing noncompliance;
- (5) identify other resources that may be available to the participant to meet the needs of the family; and
- (6) inform the participant of the right to appeal under section 256J.40.

If the lack of an identified activity or service can explain the noncompliance, the county shall work with the participant to provide the identified activity.

(d) If the participant fails to come to the face-to-face meeting, the case manager or a designee shall attempt at least one home visit. If a face-to-face meeting is not conducted, the county agency shall send the participant a written notice that includes the information under paragraph (c).

(e) After the requirements of paragraphs (c) and (d) are met and prior to imposition of a sanction, the county agency shall provide a notice of intent to sanction under section 256J.57, subdivision 2, and, when applicable, a notice of adverse action under section 256J.31.

(f) Section 256J.57 applies to this section except to the extent that it is modified by this subdivision.

Subd. 8. Funding.

(a) The commissioner of human services shall treat MFIP expenditures made to or on behalf of any minor child under this section, who is part of a household that meets criteria in subdivision 3, as expenditures under a separately funded state program. These expenditures shall not count toward the state's maintenance of effort requirements under the federal TANF program.

(b) A family is no longer part of a separately funded program under this section if the caregiver no longer meets the criteria for family stabilization services in subdivision 3, or if it is determined at recertification that a caregiver with a child under the age of six is working at least 87 hours per month in paid or unpaid employment, or a caregiver without a child under the age of six is working at least 130 hours per month in paid or unpaid employment, whichever occurs sooner.

EFFECTIVE DATE. This section is effective February 1, 2008.